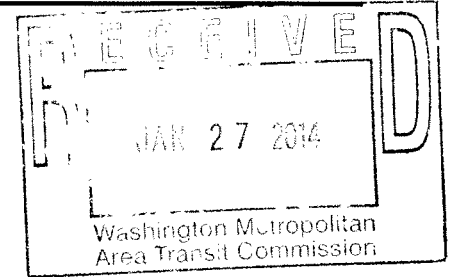


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

485 American Care Transit Company, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

5613 Leesburg Pike, #42 Falls Church VA 22041-2912

*Street Address of Principal Place of Business Apt./Suite City State Zip

P.O. Box 3648 Alexandria VA 22302-3648

Mailing Address (if different from street address) Apt./Suite City State Zip

(703) 201-5900 (202) 369-1667 (703) 933-0022 american_care_trans@yahoo.com

*Telephone Other Telephone Fax E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Mohammed H. A. Ahmed President

*Name *Title

(703) 201-5900 (202) 369-1667 (703) 933-0022 american_care_trans@yahoo.com

*Telephone Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

We sold the 2004 Ford Van, and we add to the Fleet
a 2011 Ford Van, instead of 2004 Ford Van.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2006	Ford	1FBSS31126HA10928	H522984	VA	15 Passengers	No
2	2011	Ford	1FBSS3BL8BDA11646	H524275	VA	15 Passengers	No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mohamed H.A. Ahmed
***Name** (type or print)

President
***Title** (not required for sole proprietors)

Moh
***Signature**

01 - 24 - 2014
***Date**